



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FILED  
03 MAR 24 PM 2:37  
MACOMB COUNTY CLERK  
MACOMB COUNTY, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <b>137467</b>		3. This Statement covers From: <b>8</b> <b>24</b> <b>04</b> to <b>10</b> <b>12</b> <b>04</b> <small>Mo Day Year Mo Day Year</small>	
2. Committee Name <b>THE FRANK ROCCA ELEC. COMM</b>		4. Candidate Last Name <b>ROCCA</b> First Name <b>FRANK</b> M.I. <b>A.</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>MACOMB COUNTY COMMISSIONER</b> 4b. County of Residence <b>MACOMB</b>	
5. Committee's Mailing Address <b>27052 BROADMOOR WARREN, MI</b> Area Code and Phone <b>586-757-2525</b> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <b>JULIANNE ROCCA</b> Area Code & Phone <b>( ) ( SAME AS 5 )</b>	
7. Treasurer's Business Address  Area Code and Phone <b>( )</b>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  Area Code and Phone <b>( )</b>	

  

<b>9. TYPE OF STATEMENT</b>  9a. <input checked="" type="checkbox"/> Pre-Election <b>OR</b> 9b. <input type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to:  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary   <input type="checkbox"/> Convention   <input type="checkbox"/> Special         </div> <div> <input checked="" type="checkbox"/> General   <input type="checkbox"/> School   <input type="checkbox"/> Caucus         </div> </div> Date of Election, Convention or Caucus <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <u>11</u> Month         </div> <div style="text-align: center; margin-right: 10px;"> <u>02</u> Day         </div> <div style="text-align: center;"> <u>04</u> Year         </div> </div>	9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)  9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)  9e. <input type="checkbox"/> Dissolution of Candidate Committee  <div style="text-align: right;">Effective Date of Dissolution</div> <div style="text-align: right; margin-top: 5px;"> <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center; font-size: small;">Month</div> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center; font-size: small;">Day</div> <div style="border-bottom: 1px solid black; width: 40px; margin-right: 5px;"></div> <div style="text-align: center; font-size: small;">Year</div> </div> </div> By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper	<b>JULIANNE ROCCA</b> <small>Type or Print Name</small>	 <small>Signature</small>	Date <b>3 02 05</b> <small>Mo Day Year</small>
Candidate	<b>FRANK A. ROCCA</b> <small>Type or Print Name</small>	 <small>Signature</small>	Date <b>3 02 05</b> <small>Mo Day Year</small>



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number

137467

2. Committee Name

THE FRANK ROCCA ELECTION

Comm.

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	1850.00	(18.) \$ 3500.00
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$		(20.) \$ 3500.00
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>			
(4.) \$			(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)			
(5.) \$		1850.00	(20.) \$ 3500.00
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>			
(6.) \$			(21.) \$
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>			
(7.) \$			(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	1850.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)			
(9.) \$		1850.00	(23.) \$ 3528.17
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)			
(11.) \$			(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	1300	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)			
(13.) \$		177.33	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)			
(14.) + \$		1850.00	
<b>15. SUBTOTAL</b> Add lines 13 and 14			
(15.) = \$		2027.33	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)			
(16.) - \$		1850.00	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)			
(17.) \$		177.33	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137467

2. Committee Name

THE FRANK ROCCA ELECTION

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-01-04</u></p> <p>Name: <u>MARIA ROCCA</u></p> <p>Address: <u>11076 10 MILE</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>OWNER</u>      Employer <u>FIRENZE REST.</u></p> <p>Business Address <u>11028 10 MILE WARREN, MI</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input checked="" type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>		\$ 1000.00	\$ 1000.00
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____      Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1,000.00	

Enter this total on  
line 3 of Summary  
Page.

